Health Services
LOS ANGELES COUNTY

Expected Practices

Specialty: Cardiology

Subject: Congestive Heart Failure in Adults

Date: May 1, 2014

Purpose: Use of Cardiology eConsult for Adult Patients with Symptomatic Congestive Heart Failure (CHF).

Target Audience: Primary Care Providers

Expected Practice: Newly diagnosed (or poorly controlled) heart failure in a symptomatic patient should be eConsulted with Cardiology

Essential Elements to Note in eConsult Request:

SYMPTOMS:

- Shortness of Breath, dyspnea on exertion, orthopnea, paroxysmal nocturnal dyspnea

PHYSICAL EXAMINATION:

- Elevated JVP, S3 gallop, rales, lower extremity edema

LABORATORY FINDINGS:

- Hyponatremia, elevated BUN and/or creatinine, increased BNP, elevated transaminases.

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CXR: (If available)

- Pulmonary vascular congestion/edema, cardiomegaly

TREATMENT PRIOR TO REFERRAL via eConsult:

- Initial therapy should be diuresis with goal of improving symptoms, decreasing JVP to normal level and resolution of peripheral edema
- Additional therapy should be based upon the etiology of the CHF:
  - If systolic LV dysfunction: initiate ACE Inhibitor agent and a Beta blocker (preferably carvedilol), if no contraindications. If ACE Inhibitor contraindicated, consider ARB or a combination of nitrates and hydralazine
  - If diastolic LV dysfunction: consider use of Ace Inhibitor and Beta Blocker

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

STUDIES TO BE COMPLETED BEFORE REFERRAL via eConsult:

- ECG
- Echocardiogram
- If clinical presentation or diagnostic test suggests ischemic heart disease, submit eConsult to discuss with Cardiology the possible need for a cardiac catheterization or a nuclear stress imaging test (if patient is only in NYHA Function Class I-II)
- Lab chemistries including Sodium, Potassium, BUN, Creatinine, Magnesium, and Liver function tests

SPECIAL INSTRUCTIONS:

- Cases for immediate ER evaluation : decompensated Class III-IV CHF
- If, in the evaluation and management of the patient, there are questions or persistent symptoms despite the recommended interventions, please eConsult Cardiology

Reference:

NYHA Classification of Heart Failure: Class I-IV

Class I (Mild) - No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).

Class II (Mild) - Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.

Class III (Moderate) - Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.

Class IV (Severe) - Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.